

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/555467

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		2		1		
5	/		/			
6		1		1		
7		2		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
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16		0		1		
17		0		1		
18		0		1		
19		0		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25	/			1		
26	/		/			
27		1		1		
28		1		1		
29		0		1		
30		0		1		
31	/		/			
32		1		1		
33		2		1		
34		0		1		
35		0		1		
36		0		1		
37		0		1		
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40		0		1		
41		0		1		
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TOTAL IND.	5	↓	4	↓		↓
TOTAL DEP.	40	←	31	←		←
TOTAL CLAIMS	45		35			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						